

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Merriam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **542959** (2)

1. Corporation Name  
**MCK REAL ESTATE EDUCATION CENTERS, INC.**



Principal Place of Business

Mailing Address

**ATTN E. KLEMENTS**  
~~2101 W COMMERCIAL BLVD~~  
**FT LAUDERDALE FL 33309**  
US

**ATTN E. KLEMENTS**  
**P O BOX 6600**  
**CLEARWATER FL 34618**  
US

2. Principal Place of Business  
**7100 W. Commercial Blvd.**

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Ft. Lauderdale, FL**

28

24 Zip **33319**

Country

29 Zip

Country

30

9. Name and Address of Current Registered Agent

**MORRIS A LECOMPTE, ESO**  
**100 SECOND AVENUE SOUTH**  
**CITY CENTER 12TH FLOOR**  
**ST PETERSBURG FL 33701**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed in block letters (last, first, middle)

Signature typed or printed in block letters (last, first, middle)

Date

12. OFFICERS AND DIRECTORS

|                |   |                                 |
|----------------|---|---------------------------------|
| TITLE          | <b>PD</b>   | <input type="checkbox"/> DELETE |
| NAME           | <b>COPE, RICHARD W.</b>                                       |                                 |
| STREET ADDRESS | <b>19353 US HWY 19 N S100</b>                                 |                                 |
| CITY-STATE-ZIP | <b>CLEARWATER FL</b>  |                                 |
| TITLE          | <b>DS</b>   | <input type="checkbox"/> DELETE |
| NAME           | <b>TOOKE, EDWIN C.</b>  |                                 |
| STREET ADDRESS | <b>19353 US HWY 19 N S100</b>                                 |                                 |
| CITY-STATE-ZIP | <b>CLEARWATER FL</b>  |                                 |
| TITLE          | <b>VD</b>   | <input type="checkbox"/> DELETE |
| NAME           | <b>MUELLER, JAMES G.</b>                                      |                                 |
| STREET ADDRESS | <del>2101 W COMMERCIAL BLVD</del><br><b>FT. LAUDERDALE FL</b> |                                 |
| CITY-STATE-ZIP |   |                                 |
| TITLE          | <b>TAS</b>  | <input type="checkbox"/> DELETE |
| NAME           | <b>STICCO, LEWIS A</b>  |                                 |
| STREET ADDRESS | <b>19353 US HWY 19 N S100</b>                                 |                                 |
| CITY-STATE-ZIP | <b>CLEARWATER FL</b>  |                                 |
| TITLE          |   | <input type="checkbox"/> DELETE |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-STATE-ZIP |   |                                 |
| TITLE          |   | <input type="checkbox"/> DELETE |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-STATE-ZIP |   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |  |
|-------------------|--|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME           |  |
| 13 STREET ADDRESS |  |
| 14 CITY-STATE-ZIP |  |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |  |
| 23 STREET ADDRESS |  |
| 24 CITY-STATE-ZIP |  |
| 31 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |  |
| 33 STREET ADDRESS | <b>7100 W. Commercial Blvd.</b>  |
| 34 CITY-STATE-ZIP | <b>33319</b>   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |  |
| 43 STREET ADDRESS |  |
| 44 CITY-STATE-ZIP |  |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |  |
| 53 STREET ADDRESS |  |
| 54 CITY-STATE-ZIP |  |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |  |
| 63 STREET ADDRESS |  |
| 64 CITY-STATE-ZIP |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*L. A. Sticco*

**Lewis A. Sticco**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-5-96**

**813/538-5468**

DATE OF FILING

CR2E034 (12/95)